



Human Services Department

920883 S Hwy. 99 Building A ♦ Stroud, Oklahoma 74079

Direct Employment Document Checklist

Name: _____ Date: _____

- _____ Direct Employment Application
- _____ CDIB/Tribal Enrollment Verification
- _____ Social Security Card for Applicant
- _____ Income Verification
- _____ Employment Letter from New Employer with Job Requirements
- _____ Residence Verification

Additional Verification (if needed):



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DIRECT EMPLOYMENT

The Sac & Fox Nation Direct Employment Program is to provide assistance to eligible Tribal Members who obtain **new fulltime/permanent** employment. The service is designed to assist with transportation, supplies, equipment, uniforms, and meal allowances. The Program is to assist a Tribal member who has not received his/her first full pay check.

ELIGIBILITY REQUIREMENTS

APPLICANT(S) MUST:

1. Be an enrolled member of a Federally Recognized Indian Tribe (Current Tribal Enrollment Card from the tribal enrollment office)
2. Be at least eighteen (18) years old, possess a High School/GED Diploma and reside within Sac & Fox Nation jurisdictional boundary.
3. Be head of household (Address verification must be a utility bill in clients name)
4. Be unemployed for six (6) weeks*** and be in need of financial assistance
5. Provide Letter of Employment (Included in Application) to show client has secured permanent and full-time employment ***
6. Have secured gainful and meaningful employment resulting in self-sufficiency
7. Have a job position that is for twelve (12) months or longer *** (Construction contractors will only be considered established employers by verification of long term contracts, one year or more, of being bonded to perform construction contracts)***
8. Have not received D.E. from this program or the BIA within the past three (3) years or received D.E. more than three (3) times for duration of D.E. Program
9. Have not applied for D.E. within the past 6 months if application was previously denied or incomplete. (Application will be denied if received within the timeframe stated)
10. Complete the application process with the Sac & Fox Nation Direct Employment Program and provide all documentation as required



DIRECT EMPLOYMENT PROGRAM

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- 1. Birth Certificate (+Dependants under the age of 18)
- 2. Social Security Card
- 3. Current Photo ID
- 4. Tribal Enrollment Card
- 5. Address Verification (Utility Bill Only)
i.e. rent, electric, water, home phone
- 6. Letter of Employment (provided)
- 7. Release of Information (provided)

PLEASE PRINT

Name: _____ Maiden: _____

Social Security Number: _____ - _____ - _____ Tribal Roll Number: _____

Date of Birth: ____/____/____ Telephone: _____ Cell: _____

Address: _____

Street or Box Number City State Zip Code

Single _____ Married _____ Separated _____ Divorced _____

Children: Yes No how many: _____ Do you have proof of marital status? Yes No

<u>NAME OF DEPENDENTS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
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Head of Household – Name: _____ Occupation: _____

Spouse: _____ Occupation: _____

Have you ever applied for Direct Employment? Yes No When? _____
Month Year

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

DIRECT EMPLOYMENT PROGRAM

PLEASE PRINT

EMPLOYMENT: (*Last place of Employment*)

Employer's Business: _____

Address: _____
Street or PO Box Number City State Zip Code

Employer: _____ Telephone: (____) _____

Rate of Pay: Start \$ _____ End \$ _____ Job Title _____

Description of Duties _____

Worked From ___/___/___ To ___/___/___ Reason for leaving _____

SELECTIVE SERVICE/MILITARY SERVICE:

Selective Service Number: _____ Registration Date: _____

Date of Birth: _____ Social Security Number: _____

Military Serial Number: _____ Date of Discharge: _____

Do you have a service connected disability of 10% or more? Yes No

Describe military duties that were assigned: _____

Signature of Applicant: _____ Date: _____

SAC & FOX NATION DIRECT EMPLOYMENT PROGRAM

THIS AGREEMENT, entered on _____, between the
(Date)
Sac & Fox Nation Direct Employment Program and _____:
(Client Name)

WITNESSED THAT:

- I. The participant will begin employment on ____/____/____, and receive their first full pay check on ____/____/____. This agreement will cease any responsibility for funding, if eligibility is not determined before first check is received. (*Note: It is the responsibility of the applicant to turn in completed application and all documents needed for processing, well in advance to insure adequate time for office procedure.*)
- II. The participant agrees to be at their site of employment each day, as their job requires. It is also agreed; **the participant will not quit their employment**, for three months unless terminated by the employer. Should the participant miss work or quit their job, **they will be required to reimburse** the D.E. Program for funds appropriated to them.
- III. The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position and responsibilities.

APPLICANT'S SIGNATURE

DATE

HUMAN SERVICES STAFF

DATE

LETTER OF EMPLOYMENT

****TO BE FILLED OUT BY THE EMPLOYER****

SAC & FOX NATION HUMAN SERVICES DEPARTMENT

920883 S. HWY 99, BLDG. A

STROUD, OK 74079

OFFICE (918) 968-3526 FAX (918) 968-0142

BUSINESS: _____

ADDRESS: _____

CITY, STATE, & ZIP _____

Job Verification

1. Employee: _____

2. Starting date: _____

3. Starting wage: _____

4. Job Title: _____

5. Paid Weekly, Bi-weekly, etc.: _____

6. Date to receive first full check: _____

7. Full-Time/Part-Time Position: _____

8. Expected Duration of Employment: _____

9. Today's Date: _____

By my signature, I affirm that the information about this applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Employer Name (Please Print) & Title

Contact Number